

COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY

ATTORNEY'S DOCKET
P33118

First Named Inventor:
Andrew John
EATHERTON

Complete if known:
App. No.:

Filing Date

Group Art Unit:

() Declaration submitted with initial filing or

() Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

COMPOUNDS

the specification of which (check only one item below):

[] is attached hereto.

OR

[x] was filed on 25 September 2003 as United States application Serial No. _____ or PCT International

Application Number *PCT/EP03/10930 filed and was amended on (MM/DD/YYYY) _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY)	PRIORITY CLAIMED
1. 0222493.9	GREAT BRITAIN	27 September 2002	X
2.			
3.			
4.			
5.			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date (MM/DD/YYYY)
1.	
2.	
3.	

COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

ATTORNEY'S DOCKET NUMBER
P33118

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION

U.S. Parent Application or PCT Parent Number		Parent Filing Date (MM/DD/YYYY)	STATUS (Check one)		
			PATENTED	PENDING	ABANDONED

POWER OF ATTORNEY: As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith
Customer Number 23347 and Customer Number 20462

Address all correspondence and telephone calls to Customer Number 23347

Direct Telephone Calls to:

Lorie Ann Morgan
919 483 8222

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

2	FULL NAME OF INVENTOR	FAMILY NAME EATHERTON	FIRST GIVEN NAME Andrew	SECOND GIVEN NAME/INITIAL John
0	INVENTOR'S SIGNATURE	<i>Signature</i>		Date: 08/12/03
1	RESIDENCE & CITIZENSHIP	CITY WELWYN	STATE OR FOREIGN COUNTRY HERTFORDSHIRE, GB	COUNTRY OF CITIZENSHIP GB
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398		STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME GIBLIN	FIRST GIVEN NAME Gerard	SECOND GIVEN NAME/INITIAL Martin, Paul
0	INVENTOR'S SIGNATURE	<i>Signature</i>		Date: 08/12/03
2	RESIDENCE & CITIZENSHIP	CITY WELWYN	STATE OR FOREIGN COUNTRY HERTFORDSHIRE, GB	COUNTRY OF CITIZENSHIP GB
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398		STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME DOUGHTY	FIRST GIVEN NAME Jennifer	SECOND GIVEN NAME/INITIAL Margaret
0	INVENTOR'S SIGNATURE	<i>Signature</i>		Date: 24/5/2004
3	RESIDENCE & CITIZENSHIP	CITY PORTLAND	STATE OR FOREIGN COUNTRY MAINE, US	COUNTRY OF CITIZENSHIP GB
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398		STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME JANDU	FIRST GIVEN NAME Karamjit	SECOND GIVEN NAME/INITIAL Singh
0	INVENTOR'S SIGNATURE	<i>Signature</i>		Date: 09/19/03
4	RESIDENCE & CITIZENSHIP	CITY WELWYN	STATE OR FOREIGN COUNTRY HERTFORDSHIRE, GB	COUNTRY OF CITIZENSHIP GB
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398		STATE & ZIP CODE/COUNTRY North Carolina 27709, US

2	FULL NAME OF INVENTOR	FAMILY NAME MITCHELL	FIRST GIVEN NAME William	SECOND GIVEN NAME/INITIAL Leopard
0	INVENTOR'S SIGNATURE	Signature <i>W.L. Mitchell</i>		Date <i>8 December 2003</i>
0	RESIDENCE & CITIZENSHIP	CITY WELWYN	STATE OR FOREIGN COUNTRY HERTFORDSHIRE, GB	COUNTRY OF CITIZENSHIP GB
4	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME NAYLOR	FIRST GIVEN NAME Alan	SECOND GIVEN NAME/INITIAL
0	INVENTOR'S SIGNATURE	Signature <i>A. Naylor</i>		Date <i>12/12/03</i>
0	RESIDENCE & CITIZENSHIP	CITY HARLOW	STATE OR FOREIGN COUNTRY ESSEX, GB	COUNTRY OF CITIZENSHIP GB
4	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME PALOMBI	FIRST GIVEN NAME GIOVANNI	SECOND GIVEN NAME/INITIAL
0	INVENTOR'S SIGNATURE	Signature <i>Giovanni Palombi</i>		Date <i>25th Nov 2003</i>
0	RESIDENCE & CITIZENSHIP	CITY MILAN	STATE OR FOREIGN COUNTRY ITALY	COUNTRY OF CITIZENSHIP IT
4	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME RAWLINGS	FIRST GIVEN NAME Derek	SECOND GIVEN NAME/INITIAL Anthony
0	INVENTOR'S SIGNATURE	Signature <i>D. Rawlings</i>		Date <i>8/12/03</i>
0	RESIDENCE & CITIZENSHIP	CITY WELWYN	STATE OR FOREIGN COUNTRY HERTFORDSHIRE, GB	COUNTRY OF CITIZENSHIP GB
4	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME SLINGSBY	FIRST GIVEN NAME Brian	SECOND GIVEN NAME/INITIAL Peter
0	INVENTOR'S SIGNATURE	Signature <i>B. Slingsby</i>		Date <i>8/12/03</i>
0	RESIDENCE & CITIZENSHIP	CITY WELWYN	STATE OR FOREIGN COUNTRY HERTFORDSHIRE, GB	COUNTRY OF CITIZENSHIP GB
4	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME WHITTINGTON	FIRST GIVEN NAME Andrew	SECOND GIVEN NAME/INITIAL Richard
0	INVENTOR'S SIGNATURE	Signature <i>A. Whittington</i>		Date <i>11/12/03</i>
0	RESIDENCE & CITIZENSHIP	CITY STEVENAGE	STATE OR FOREIGN COUNTRY HERTFORDSHIRE, GB	COUNTRY OF CITIZENSHIP GB
4	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US